



APPLICATION FOR PLUMBING SUBMITTAL

Building Division
Community Development Center
231 NE 5th Street, McMinnville, OR 97128
(503) 434-7314 ♦ Fax (503) 474-4955

This permit is issued under OAR 918-440-0050.
Permits expire if work is not started within
180 days of issuance or if work is suspended for 180 days.

Applications may be obtained online at:
www.ci.mcminnville.or.us

1. Job Site Location:

Address: _____

2. Property Owner:

Name: _____
Mailing Address: _____
City/State/Zip: _____

3. Applicant:

Name: _____
Mailing Address: _____
City/State/Zip: _____
Phone No.: _____
Signature: _____

4. Contractor Information:

Company Name: _____
Mailing Address: _____
City/State/Zip: _____
Phone No.: _____
CCB License No.: _____
Print Name: _____
Signature: _____

*+RES'L FIRE SPRINKLER FEE SCHEDULE

Enter total square footage of residential fire sprinkler system and installation costs.

\$ _____ Square Footage: _____

Enter fee based on valuation of residential fire sprinkler system.

\$

0 – 2,000 SF	\$50
2,001 – 3,600 SF	\$75
3,600 – 7,200 SF	\$125
7,200 & Greater	\$150

PROPERTY OWNER INFORMATION

This installation is being made on property owned by me or a member of my immediate family, and is exempt from licensing requirements under ORS 701.010.

Signature: _____

Office Use Only

Permit No.: _____

Date Received: _____

CATEGORY OF CONSTRUCTION

☐ Residential ☐ Commercial/Industrial

*RESIDENTIAL FEE SCHEDULE

	Qty.	Cost	Total
Minimum Permit Fee (includes one fixture)		\$40	
1 Bath		\$202	
2 Bath		\$265	
3 Bath		\$325	
Each Additional Bathroom (over 3)		\$35	
Repair/Rem'l – Less than 50%		\$46	
Repair/Rem'l – Under 7 Fix/Over 50%		\$65	
Repair/Rem'l – Over 7 Fix/Over 50% (per fix)		\$12	
Each Additional Kitchen (over 1)		\$35	

*COMMERCIAL/INDUSTRIAL/RESIDENTIAL

Under 200 ft.-sewer or water & under 10 fix.		\$180	
Over 200 ft.-sewer or water and/or over 10 fix: \$12 per fix., plus Water/Sanitary/Storm Section		\$12	

*WATER/SANITARY/SEWER

Water – first 100 feet		\$40	
Water – each additional 100 feet		\$33	
Sewer – first 100 feet		\$40	
Sewer – each additional 100 feet		\$33	
Storm/Rain Drain – first 100 feet		\$40	
Storm/Rain Drain – each add'l 100 feet		\$33	
Alternate Potable Water Heating System coil extractor, heat pump		\$40	

*MEDICAL GAS SYSTEM

Enter total valuation of medical gas system and installation costs. \$ _____

Enter fee based on valuation of medical gas system. \$ _____

Total Valuation	Fee
\$1.00 to \$1,000	\$40
\$1,001 to \$5,000	\$40 for the first \$1,000 plus \$1.60 for each additional \$100 or fraction thereof, to and including \$5,000.
\$5,001 to \$10,000	\$104 for the first \$5,000 plus \$10 for each additional \$1,000, or fraction thereof, to and including \$10,000.
\$10,001 to \$50,000	\$154 for the first \$10,000 plus \$9 for each additional \$1,000, or fraction thereof, to and including \$50,000.
\$50,001 to \$100,000	\$514 for the first \$50,000 plus \$8 for each additional \$1,000, or fraction thereof, to and including \$100,000.

***12% State Surcharge is not included in the above fees.**

+This includes the plan review fee.